

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name LEAVEN BAKERY	Telephone Number Est 502-536-8823 Own 661-599-8592	Date of Inspection 07/09/2021	ID#		
Address 1515 E. MARKET ST, NEW ALBANY IN 47150					
Owner KIMBERLY MAXEY	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 07/09/2021		
Owner's Address 4310 DIAMOND WAY LOUISVILLE, KY 40216		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
Person in Charge ZACH MAXEY					
Responsible Person's Email BAKERYLEAVEN@GMAIL.COM					
Certified Food Handler NEEDED BY 8-19-21					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
191	X			Observed chimichurri sauce labeled 6/4/21 in prep cooler.	discarded
173	X			Observed pan of raw chicken, in prep cooler, stored over ready to eat sauces.	Corrected
243		X		Observed scoops for bulk bins to not have handles. Scoops with handles can be stored in bin as long as the handles are up, not touching product.	2 days
Summary of Violations C <u> 2 </u> NC <u> 1 </u> R <u> 0 </u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	